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YOUNG & THOMPSON 745 SOUTH 23RD STREET 2ND LOOR ARLING NON, VA 22202					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
AUG 2 9 2005 S					(Depositor's name) (Signature) (Date)			
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/009,262	12/10/2001	Peder Nafstadius				PIZOLISOO	8158	
TITLE OF INVENTION: S 08/31/2005 MBEYENE2 0	STABLE ROTATABLE RAI 0000112 10009262	DIATION GANTR'	Y			1503-1034		
01 FC:2501	700.00 OP							
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0		\$700	09/06/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
KAO, CHIH CHENG G		2882	2882		378-197000			
1. Change of correspondent CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT ((print or type)				
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified be in 37 CFR 3.11. Completion	elow, no assignee of this form is NO?	data will appea Γa substitute fo	ar on the patent. I or filing an assignn	f an assigr nent.	nee is identified below, the o	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
PencilBeam	UPPSALA, Sweden							
Please check the appropriat	te assignee category or catego	ries (will not be pri	inted on the pat	tent): 🖫 Individ	dual 🖾 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are			. Payment of F					
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).					
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a. Applicant claims S	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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